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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$3540.00

**Complete if Known**

Application Number	10/774,799
Filing Date	February 9, 2004
First Named Inventor	Perry Scott Lorenz
Examiner Name	K.E. Almo
Art Unit	2816
Attorney Docket No.	1361015-2059/P05790

**METHOD OF PAYMENT** (check all that apply) Check       Credit Card       Money Order       None       Other (please identify): Deposit Account      Deposit Account Number: 50-0320      Deposit Account Name: Frommer Lawrence & Haug LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)       Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)**

Each independent claim over 3 (including Reissues)

**Fee (\$)**

Multiple dependent claims

**Fee (\$)****Fee (\$)****Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee (\$)**

-20 or HP =

X =

=

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

-3 or HP =

X =

=

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of total claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	Fees Paid (\$)

**4. OTHER FEE(S)**

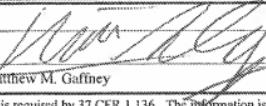
Non-English Specification,      \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition to Revive (\$1610); 3-Month Extension of Time (\$1110);

Request for Continued Examination (\$810)

Fees Paid (\$)

**SUBMITTED BY**

Signature		Registration No. 46,717 (Attorney/Agent)	Telephone (212) 588-0800
Name (Print/Type)	Matthew M. Gaffney	Date	September 28, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.